

	Administrative Regulation	Policy #	06-02.01
	Workers' Compensation & Time-Loss Benefits	Effective Date:	April 4, 2022
		Revision Date:	N/A
		Owner:	Risk Management

Purpose:

To provide City benefits to eligible employees with accepted workers' compensation claims. This admin regulation touch on but is not intended to explain an employee's rights under workers' compensation law.

Scope:

This regulation applies to all employees and some volunteers as defined by City resolution, unless otherwise specified in a labor agreement, hereafter referred to as employees.

Policy:

The City provides workers' compensation benefits in accordance with state law for all employees for injuries and illnesses arising out of, and in the course of, employment with the City of Springfield. Benefits including time-loss, will be administered in accordance with Workers' Compensation Law and Administrative Rules of the Workers' Compensation Department or its successor. Complaints arising under provisions of Workers' Compensation Law or Rule are not subject to the grievance process but are to be addressed through procedures established by the Workers' Compensation Department, State of Oregon, or its successor.

The City's supplemental workers' compensation pay in addition to time-loss will be governed by this administrative regulation as outlined in the "Procedure" section below.

Procedure:

1. Incident and Claim Reporting

1.1. In the event of a hospitalization or death of an employee contact the Risk Manager immediately at (541) 726-3724.

1.2. The employee or the department supervisor shall submit the incident analysis and supplemental medical information to Risk Management. Reports must be completed within:

1.2.1. 24-hours for near misses and non-emergency/non-hospitalization

1.2.2. 12-hour for any hospitalization or employee death

1.3. Should an employee wish to file a Workers' Compensation claim, the employee should complete an 801 form "Report of Job Injury or Illness" and turn it in to Risk Management.

1.3.1. The 801 form is available on Springboard, on the City web site, or can be requested by calling Human Resources.

1.3.2. The City will submit the workers' compensation claim within five days of notice.

1.4. If the employee goes to the doctor after injury, they should let the doctor know it is a work-related injury (Employees may not use the Springfield Wellness Center for work-related injuries.). The doctor should complete and submit form 827 "Worker's and Health Care Provider's Report for Workers' Compensation Claims." The employee will need to provide a copy of this along with the 801 to Risk Management with any "Work Status" notes.

1.5. A complete claim packet will consist of:

1.5.1. Incident Analysis Form,

1.5.2. Supplemental Medical Form,

1.5.3. 801, and

1.5.4. Copy of 827 with notes from the treating physician regarding the employee's ability to return to work.

2. Payment of Workers' Compensation and Time-Loss

2.1. When an employee is absent from work because of an on-the-job injury or illness compensable by Workers' Compensation and eligible for Temporary Total Disability (TTD) or Temporary Partial Disability (TPD) benefits (aka "time-loss"), the employee will keep their time-loss check and receive their regular paycheck and benefits for the period they are receiving time-loss payments up to three-hundred-sixty-five (365) calendar days from the date of disability due to the on-the job injury or occupational illness unless otherwise specified in a labor agreement.

2.2. However, any time-loss payments will be deducted from the employee's paycheck and adjusted in the next available payroll cycle, or subsequent paychecks if the employee's paycheck is insufficient to permit recovery.

2.3. No sick leave will be deducted from the employee's accruals for the three-hundred-sixty-five (365) calendar days following the date of disability due to an accepted on-the-job injury or occupational illness or until the date of the claim closure whichever comes sooner. No sick leave or other leave will be deducted from the employee's accruals for any Workers' Comp benefit waiting period as defined by Workers' Comp law.

3. Alternative Deductions

- 3.1. If an employee is off work beyond the three-hundred-sixty-five (365) calendar days from the date of injury due to an accepted on-the-job injury or occupational illness, the employee must use accrued leave at (at least) the default level per the chart below and may elect which type of accrued leave to use (i.e. vacation, paid time off, floating holiday, compensatory time, and sick leave), in addition to the amount of workers' compensation time-loss payments, up to the amount of their regular paycheck. Employees must use paid leave before taking unpaid leave.

Shift	Default		
	10%	20%	30%
12-hour	1.25 hours	2.5 hours	3.75 hours
10-hour	1 hour	2 hours	3 hours
8-hour	1 hour	1.75 hours	2.5 hours

4. Employment Status and Benefits during Leave

- 4.1. During the period of disability and as long the employee is receiving Workers' Compensation time-loss payments or is using accrued leave, the employee shall continue to receive all forms of compensation (base wages, step increases, incentive pay, premium pay, all insurance, etc.) and shall accrue time in their leave banks. The employee will continue to qualify for health insurance and will be responsible for the employee portion of insurance benefit premiums.
- 4.2. In the event an employee's time-loss benefits end during the period of disability, but the employee is unable to return to work, that employee may utilize all accrued leave benefits in order to receive their regular paycheck.

5. Denial of Claim

- 5.1. If an employee's workers' compensation claim is denied by the worker's compensation carrier, the employee's injury or illness will be treated as a non-occupational claim.
- 5.2. In the event the denial is reversed by the Workers' Compensation Board or Oregon courts, the employee's sick leave and other paid leave accounts will be adjusted.

6. Modified Duty

- 6.1. Upon release to modified or full duty, a note must be submitted to Human Resources from the doctor that states that the employee is released back to work with no restrictions or the employee is released back to work with restrictions, what those restrictions are and when the employee can be expected to return back to work on a regular basis, no restrictions.
- 6.2. In the event of a work-related injury or illness, the City may offer reasonable modified duty consistent with the employee's medical restrictions as determined by their health

care provider. If a worker refuses modified duty they will become ineligible for City supplemental pay and will have to use their leave banks.

Definitions

1. *“Regular Paycheck”* means base wage (including applicable step increases and cost of living adjustments) plus non-worked incentives (certification, education, language, etc.). Overtime and worked on-call pays are excluded.
2. *“Healthcare Provider”* is a professional who meets the definition of attending physician, as provided in Oregon Workers Compensation laws.
3. *“Time-loss”* is statutory pay from the worker’s compensation carrier. Examples include Temporary Total Disability (TTD) and Temporary Partial Disability (TPD) as defined by Workers Compensation law.
4. *“Supplemental Pay”* is pay from the City in addition to workers’ compensation time-loss.
5. *“Salary Continuation”* is the ability for a self-insured government employer as defined by state law to offer continuation of a workers’ regular wages in lieu of receiving time-loss. The City of Springfield is currently fully-insured and not eligible to offer salary continuation.
6. *“Date of Disability”* is the date the workers’ compensation carrier designates the claim as disabling.
7. *“Near Miss”* is an incident that did not result in property damage or employee injury or sickness.

Resources:

Administrative Regulations:

1. [Holiday](#)
2. [Paid Time Off \(PTO\)](#)
3. [Sick leave](#)
4. [Vacation](#)

Forms:

1. [Bloodborne Pathogen Exposure Form](#)
2. [Form 801 - Report of Job Injury or Illness](#)
3. [Incident Analysis Form \(IAF\)](#)
4. [Supplemental Medical Form](#)
5. [Works Status Report](#)

CREATION (Original):

This administrative regulation is in effect as of the date of my signature. I authorize the Human Resource Director to modify the history and resources sections and header, footer, and numbering without my reauthorization. The administrative regulation remains in effect should these revisions occur.			
Approved By:	Nancy Newton, City Manager	Dates:	March 30, 2022
Author:	Chaim Hertz, Director of Human Resources		
Responsible Party:	Risk Management		
Replaces:	N/A		

PERIODIC REVIEW:

Reviewer:		Date:	

REVISIONS:

Version #2:	Responsible Party:		
	Revised By:		
	Approved By:		Date:
	Reason/Summary of Changes:		